

Charter School Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 School District: \_\_\_\_\_

## PUBLIC CHARTER SCHOOL GRANT PROGRAM

### Budget for Grant Fund Use Only

Fiscal Year 200\_ - 200\_

Original: _____	Budget	Date
Revision: _____	_____	_____

Budget Categories		Object Code	No. of Staff	Grant Funds -Yr 1	Grant Funds - Yr 2	Grant Funds - Yr 3	Total
<b>Instruction (Function Code 1000)</b>							
1	Salaries	100-199					
2	Employee Benefits	200-299					
3	Purchased Professional & Technical Services	300-399					
4	Travel	580-589					
5	Other Purchased Services	400, 500-579, 590-599					
6	Supplies	600-699					
7	Equipment	730-739					
8	<b>Subtotal Instructional Program (Lines 1-7)</b>		0	0	0	0	0
<b>Support Services (Function 2000, excluding 2540)</b>							
9	Salaries	100-199					
10	Employee Benefits	200-299					
11	Purchased Professional & Technical Services	300-399					
12	Travel	580-589					
13	Other Purchased Services	400, 500-579, 590-599					
14	Supplies	600-699					
15	Equipment	730-739					
16	<b>Subtotal Support Program (Lines 9-15)</b>		0	0	0	0	0
<b>Planning, Research &amp; Evaluation Services (Function 2540)</b>							
17	Salaries	100-199					
18	Employee Benefits	200-299					
19	Purchased Professional & Technical Services	300-399					
20	Travel	580-589					
21	Other Purchased Services	400, 500-579, 590-599					
22	Supplies	600-699					
23	Equipment	730-739					
24	<b>Subtotal Evaluation Program (Lines 17-23)</b>		0	0	0	0	0
<b>Operation of School Nutrition Program (Function 3100)</b>							
25	School Nutrition Program	100-699, 730-739					
26	Direct Costs (sum of lines 8, 16, 24, and 25)						0
27	Indirect Costs/Fixed Costs						
28	<b>Total Budget (sum of lines 26 and 27)</b>						0

In addition to this budget page, the budget narrative must include clarification regarding the use of Public Charter School grant funds in the context of the overall budget for the charter school.

Typed Name of Authorized Local School Board Representative    Date

Signature of Authorized Charter School Developer    Date

Typed name & Phone No. of Person Completing Form

Signature of District Accountant

Date

6/15/2004